

US Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right Wrist Triangular Fibrocartilage Complex Excision; Right Wrist Ganglion Cyst Excision, Pisiform

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified in Orthopaedic Surgery; Hand Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 1/20/10, 2/8/10

ODG Guidelines and Treatment Guidelines, Forearm, Wrist and Hand

Plastic Surgery Center, MD, 2/23/10

MedGroup, 1/12/10

MD, 1/6/10

MRI Scan of the Right Wrist, 12/4/09

Electrodiagnostic Consult Addendum, 12/4/09

MRI Wrist, 12/29/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a right-hand who had the acute onset of ulnar-sided wrist pain on the right side after a hyperextension injury at work. Because of persistent symptoms he sought medical attention. He has had 2 MRI's, the first of which showed some abnormalities in the TFCC. A second MRI scan revealed a possible DRUJ ganglion cyst and was nondiagnostic for TFCC pathology. It did show some evidence of distal radioulnar joint instability. The hand surgeon evaluating the patient feels that he has a displaced one as well as a ganglion cyst in the distal radioulnar joint and a TFCC tear. He has recommended surgical management. There is no mention in the records of prior conservative care other than a wrist splint for carpal tunnel symptoms. He had an EMG that showed severe right carpal tunnel syndrome. Watson's test is negative as is midcarpal stress test. Surgeon did not comment on stability of the distal radioulnar joint.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The patient has had 2 MRI's which are somewhat equivocal. The surgeon's evaluation did not

include stress test of the distal radioulnar joint. The second MRI scan suggests instability of the distal radioulnar joint with probable injury to the radioulnar ligaments. CT scans of both wrists in pronation, neutral, and supination were not provided. Evidence of conservative care, other than wrist splinting, was not provided. The records provided do not substantiate the medical necessity for the request. At this time, the reviewer agrees with the previous adverse determinations. The reviewer finds that medical necessity does not exist for Right Wrist Triangular Fibrocartilage Complex Excision; Right Wrist Ganglion Cyst Excision, Pisiform.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☒ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

GREEN'S OPERATIVE HAND SURGERY, FIFTH EDITION

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)